

REQUEST FOR MEDICAL PROPOSAL

THE CITY OF ST. LOUIS
INCLUDING THE POLICE
DIVISION OF THE CITY OF
ST. LOUIS

DECEMBER 11, 2015

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INTRODUCTION AND PROPOSAL REQUIREMENTS

INTRODUCTION

Mercer, on behalf of the Department of Personnel for the City of St. Louis, is soliciting bids for City of St. Louis (City) including the City of St Louis Police Division medical plans. The City of St. Louis and City of St Louis Police Division contracts are administered by the Department of Personnel for the City of St. Louis. All of the references to the City apply to both the City of St. Louis' plan and the City of St Louis Police Division's plan unless otherwise specified.

This request for proposal seeks a vendor to provide a fully insured and alternative ASO quote with an effective date of June 12, 2016 for active participants and July 1, 2016 for COBRA and retiree participants. The City will require one contract for the City and City Police Division.

The City of St. Louis has approximately 6,900 eligible full-time employees and retirees including 4,600 eligible under the City and 2,300 eligible under the City of St Louis Police Division.

City eligibility includes all full-time active employees and retirees including active employees hired by the Police Division 9/1/13 and after. The City offers a fully insured HDHP HSA qualified plan, a PPO and an EPO plan to eligible employees and retirees and their dependents. UnitedHealthcare has administered the plans since 2013. The prescription coverage is carved out under a self-insured arrangement with Express Scripts through the St. Louis Area Business Health Coalition. We are requesting a fully insured and ASO proposal for medical coverage only for the City.

The Police Division's eligibility includes all full-time active and retired civilian employees hired by the Police Division prior to 9/1/13 and active and retired Commissioned police officers. The Police Division offers two fully insured medical and prescription PPO plans to employees and retirees. Post 65 Police Division Retirees who are eligible for Medicare are also eligible for a separate Post 65 Medicare Supplement plan. Retirees in the Post 65 Medicare Supplement plan are not included in this RFP. Commissioned Retirees who do not qualify for Medicare Parts A & B are eligible to remain in the Medical Plan at the active rates. The plans have been administered by UnitedHealthcare since 2013. We are requesting a fully insured and ASO proposal for medical coverage with pharmacy included as well as carved out for the Police Division.

The City of St. Louis' Health and Welfare Plan is not subject to ERISA.

Objectives

The City wishes to identify a business partner that will help it meet its objectives in providing high-quality, cost-effective benefits to its employees and retirees. The ideal relationship will meet the following needs:

- Superior customer service to plan participants and City of St. Louis personnel overseeing the program;
- Increase access to a quality-focused and cost-effective provider network;
- Accurate and timely claims administration;

- Administrative performance consistent with industry standards and negotiated contractual provisions with performance guarantees;
- Proactive case and disease management;
- Proactive, responsive, and consultative account management;
- Enhanced value (cost containment balanced with quality); and,
- Reliable, meaningful data and reporting from which to make decisions regarding plan management.

Evaluation Criteria

Key bidder selection criteria for the successful medical partner include:

- The willingness to provide a dedicated nurse team with onsite representation for certain programs and meetings.
- Compliance with plan design specifications and administrative arrangements described in the Request for Proposal (RFP);
- Broad network access including minimal disruptions for current network arrangements;
- Demonstrated ability to provide excellent customer service and proactive account management to the “City”, its employees and retirees;
- Partner on wellness initiatives including strategizing with the City and their wellness partner, BJC, and the development and delivery of wellness events and services, including attending quarterly wellness meetings;
- Competitive pricing and multiple year guarantees;
- Accurate and timely claim processing;
- A commitment to member satisfaction with emphasis on member communication issues;
- Ability to provide timely, meaningful claim utilization, DM/CM reporting and financial experience reports; including book of business benchmarks and benchmarks similar to the City;
- Aggressiveness of performance guarantees;
- Specialized experience, qualification and technical competence of the firm, its principals, project manager and key staff;
- The capacity and capability of the firm to perform the work within the time limitations;
- Past record and performance of the firm with respect to schedule compliance, cost control, and quality of work;
- Proximity of the firm to the City;
- Total taxes paid to the City as set forth in St. Louis City Ordinance No. 68284 as amended by Ordinance No. 68564. Ordinance and amendment can be found in the appendix;
- Availability of financial and operating resources as required to complete the work;
- M/WBE and/or DBE participation;
- Ability of the firm to meet statutory or ordinance requirements;
- Other items that arise as the result of the proposal or interview;
- Compliance with executing contract/policy before the effective date of coverage
- Demonstrated ability to install the plan efficiently and effectively
- Ability to provide additional value-added services to the City and / or its employees
- Clear, concise communication capabilities, including material and information to assist members understanding of Plan benefits and how best to optimize the benefits available.
- Ability to offer current plan designs
- Ability of the firm to provide innovative solutions

- Approach to the project and any unusual problems anticipated

Key Information

- Eligible employees and dependents are defined in Section 3, *Policies and Procedures*.
- The effective date of coverage is June 12, 2016 for active employees and dependents and July 1, 2016 for retirees, dependents and COBRA participants.
- The first plan year will be June 12, 2016 through June 24, 2017 for active employees and dependents. This plan year corresponds with the City's payroll date and changes each year by a few days.
- The first plan year for retirees and dependents and COBRA participants will be July 1, 2016 through June 30, 2017.
- Refer to Appendix A for information on proposed plan designs.
- The City pays 98% of the active "employee only" medical rate for the HDHP option and members can buy-up to the Navigate and High plan. The City provides a subsidy for employees with dependent coverage. Retiree coverage is voluntary with associated cost being paid by the retiree. The City does not fund an HSA account associated with the HDHP plan.
- The Police Division pays 100% of the active and retiree "employee only" medical rate for the Base plan and members can buy-up. The Police Division does not provide a subsidy for employees with dependent coverage.
- Employee contributions are made pretax, as allowed under Section 125 of the Internal Revenue Code (IRC).
- The open enrollment period is anticipated to occur in May 2016.
- Department of Personnel for the City will administer contracts for both The City of St. Louis and Police Division.
- The City may want to execute an Administrative Services Agreement, separate from the Master Group Contract to include administrative issues not addressed in the Master Group Contract.
- Please be aware that the Administrative Services Agreement is not intended to replace the Master Group Contract, however, if there is a dispute between the Administrative Services Agreement and the Master Contract, the most advantageous for the City will take precedence. The Administrative Services Agreement, the Master Contract, this RFP, plus any addenda, and the proposal accepted will control the terms. If your bid is unable to comply with any of the stipulations, such must be explained within the document and included with your proposal/bid.

Timetable and Bid Process

Task	Completion Date
Request For Proposal Released	December 11, 2015
Submit Intent to Bid to Mercer	December 16, 2015
Bidder Questions Due to Mercer	January 5, 2016
Mercer Q&A to Bidders	January 6, 2016
Proposal Due Date	January 13, 2016
Final Bidder Decision	February 2016
Effective Date	June 12, 2016
Final Executed Bidder Contract Due to City	June 12, 2016

1. The proposed rates must be provided in the format and with rate tiers as instructed in Section 4, Financial Response. For the electronic submission of bidder's proposal, bidder should include the Financial Response in Excel format.
2. The remainder of this document is comprised of the Confirmations, Policies and Procedures, Questionnaire and Performance Guarantees. For the electronic submission of bidder's proposal, bidder should respond to all questions in their entirety directly in this Word document via "tracked changes".
3. Answers may not refer to other attachments. Proposals should clearly indicate the services which are being proposed and complete the RFP Response Documents in compliance with the RFP instructions.
4. Bidders may be asked to complete and submit a Provider Disruption Analysis in an Excel format after review of the submitted proposal.
5. Respondents to this RFP shall provide the total amount of taxes paid by Respondent to the City of St. Louis for the calendar year 2015, meaning the total tax liability incurred in 2015 for which payment was made to the Collector of Revenue for the City of St. Louis. The total must be accompanied by an itemization and proof of each such payment, identifying the payment dates and amount of each such payment and the name of the payor and payee.

For any taxes paid by affiliates or subsidiaries of the Respondent, the Respondent shall describe and certify by the signature of an appropriate officer or employee of Respondent, the affiliate or subsidiary relationship.

Taxes paid shall include earning taxes on net profits, withholdings taxes, payroll expense taxes, personal property taxes and real estate taxes.

The committee will submit Respondents' totals and itemizations to the Collector of Revenue for review and written confirmation and analysis of taxes paid by the Respondent. The Collector of Revenue's confirmation and analysis the committee shall weigh as a significant evaluation criterion for purposes of comparing and evaluating each Respondent's proposal, pursuant to St. Louis City Ordinance 68284, as Amended by Ordinance No. 68564.

6. Please reference the table below for key dates. In order to streamline the RFP process, carriers are encouraged to direct all questions regarding data and the RFP as early as possible in the RFP process to Cheryl McGaully at Mercer via e-mail. All questions must be submitted no later than noon, on January 5, 2016. A list of all entities requesting a copy of this Request for Proposals shall be maintained and all questions and responses to questions received by January 5, 2016 shall be made available to all bidders requesting a copy of the RFP.
7. Proposals will be reviewed by a selection committee. The selection committee is comprised of one representative selected by the Mayor, one representative selected by the Comptroller, one member selected by the President of the Board of Alderman; the Chairman of the Public Employees Committee of the Board of Alderman or his/her designee; the Chairman of Health and Human Services Committee of the Board of Alderman or his/her designee; two members elected from the authorized bargaining representatives of the St. Louis Labor Committee for Better Health, the Director of Personnel and one member of the staff of the Department of Personnel. A vendor recommendation will be submitted to the Director of Personnel and a decision reached in February for an effective date of June 12, 2016.
8. The Mercer contact, Cheryl McGaully, is the designated contact person. No other contact with any City official, staff, or employee is permitted before completion of the RFP process except by invitation to do so. Unauthorized contact regarding this RFP may result in disqualification or

rejection of a proposal. All communications and questions that arise concerning this RFP shall be in written form, citing the specific RFP paragraph or issues in question, and received via e-mail by the Mercer contact below:

Attention: Cheryl McGaully

Phone 314-588-2545

E-mail: cheryl.mcgaully@mercer.com

9. All documents must clearly indicate the name of the responding bidder, as well as the name, address, and telephone number of the primary contact at bidder for this bid. All rate proposals require the confirming signature of an officer of bidder.
10. Responses to this RFP must not be conditional, incomplete, or contain any alterations from the format provided. Please state any assumptions clearly and directly.
11. If a bidder intends to submit a proposal, the bidder should submit written notice of such intent, using the provided Intent To Respond Form via FAX or e-mail, to Mercer Health & Benefits (see Appendix).
12. Following a review of the completed proposal, an officer of bidder must sign as indicated at the end of Section 2 and Section 3.
13. Submitted proposals must include a cover letter signed by a person authorized to contractually obligate the bidder(s) to the scope, terms, specifications, and pricing contained in the proposal, and must include a signed statement that all proposals, including price are firm for not less than one hundred and eighty (180) days from the proposal submission date.
14. Bidders must base their proposals on the requested plan designs (as outlined in the Appendix), and census summarized herein. As part of the proposals, bidders should confirm in writing that the proposal is consistent with the requirements outlined herein and clearly define any and all deviations. Proposals must be presented in the format of the bid forms included in this RFP. All questions must be answered and all instructions must be followed. All proposals must be submitted by the deadline in their entirety.
15. The City of St. Louis reserves the following rights, which may be exercised at City of St. Louis' sole discretion:
 - To supplement, amend, substitute or otherwise modify this RFP at any time
 - To cancel this RFP with or without substitution or another RFP
 - To waive any defect or irregularity in any proposal received
 - To reject any or all proposals
 - To enter into any agreement deemed by City of St. Louis to be in the best interest of City of St. Louis with one or more responding bidders.
16. Be advised that by submitting a proposal, each bidder(s) agrees never to claim or file a cause of action or otherwise assert that the City of St. Louis, Agents of Record, employees, officials, and/or legal representatives are responsible or liable in any manner or under any theory of liability for any risks, costs, or expenses incurred by the bidder(s) in connection with this RFP or any proposal submitted, and that this RFP in no way obligates City of St. Louis to award a contract to any bidder(s). If the RFP includes any estimation of volumes or requirements, the City of St. Louis reserves the right to modify any estimated requirements prior to signing an agreement with the selected bidder(s).

17. No bidder(s) shall have a claim against the City of St. Louis, its Agents of Record, employees, officials, and/or legal representatives in the event that any estimated requirements are modified for whatever reason. All proposals and any other materials submitted in response to this RFP will become the property of the City of St. Louis and be retained by Mercer and the City of St. Louis.
18. Bidders must submit a complete proposal covering all requirements identified in this RFP package in order to be considered. Proposals submitted must be the original work product of the bidder. Bidder(s) may submit proposals for fully-insured services only for the requested benefit levels.
19. Proposals should clearly indicate the services that are being proposed and complete the Response Document in compliance with the RFP instructions.
20. Proposals may be withdrawn prior to the proposal submission date in writing by the bidder or its authorized representative, provided its identity is disclosed on the envelope containing the proposal and such person signs a receipt for the proposal.
21. The information presented in the RFP is not to be construed as a commitment of any kind on the part of the City of St. Louis. There is no expressed or implied obligation or responsibility for the City of St. Louis to reimburse any bidder for any expenses incurred in preparing a proposal in response to this RFP.
22. All proposals must be submitted in accordance with this RFP. Proposals submitted not in accordance with the RFP's instructions may be rejected. Failure to comply with the specifications and requirements of this RFP will be cause for rejection of a proposal.
23. The City of St. Louis reserves the right to cancel this RFP, the right to accept any proposal, and to reject any or all proposals and to waive informalities and minor irregularities in proposals received. The City of St. Louis, in its sole discretion, will determine whether an irregularity is minor.
24. All proposals shall be deemed final, conclusive, and irrevocable and no proposal shall be subject to correction or amendment for any error or miscalculation. No proposal shall be withdrawn after the scheduled deadline for submission of proposals.
25. The bidder is responsible for its own verification of all information provided to it. The bidder must satisfy itself, upon examination of this RFP, as to the intent of the specifications.
26. No oral interpretation will be made to any bidder as to the meaning of the RFP. Any oral communication will be considered unofficial and non-binding on the City of St. Louis.
27. The City of St. Louis may accept and award a contract as to one part, aspect or phase, or any combination thereof, of any proposal unless the bidder specifically qualifies its proposal by stating that the proposal must be accepted as a whole, and any contract awarded as to the entire proposal.
28. The City of St. Louis may, at its option, conduct interviews with companies after receipt of proposals.
29. The City of St. Louis reserves the right to negotiate final contract terms with any bidder.
30. The bidder shall not, subject to immediate disqualification of the proposal, offer or give any gratuities, favors or anything of monetary value to a member, administrator, officer, employee, representative or agent of the City of St. Louis, member of the selection committee or Mercer representative for the purpose of influencing favorable disposition toward a submitted proposal or for any reason while a proposal is pending or during the evaluation process.

31. No bidder shall engage in any activity or practice, by itself or with other companies, the result of which may be to restrict or eliminate competition or otherwise restrain trade. Violation of this instruction will result in immediate rejection of the bidder's proposal.
32. It is the intent of the City of St. Louis that the final agreement(s) shall consist of the Administrative Service Agreement, Master Group Contract, this RFP, plus any addenda, and the proposal accepted. In the event of a conflict between the proposal and the RFP, the City of St. Louis shall resolve any inconsistency.
33. In the event the agreement(s) awarded by the City of St. Louis is terminated for any reason within 120 days of the due date for proposals, the City of St. Louis reserves the right to negotiate and accept any other submitted proposal.
34. Award of Contract will be made by the City of St. Louis, and the agreement will be entered into with the City of St. Louis. The City of St. Louis reserves the right to split a contract award, and to award multiple contracts.
35. All qualified proposals will be evaluated and finalists will be selected based on the evaluation criteria noted herein.
36. The City of St. Louis does not discriminate on the basis of race, color, national origin, ancestry, age (40 years and older), disability, religion, sex, sexual orientation, gender identity or expression, marital status, genetic information and prohibits retaliation, in admission or access to, or treatment or employment in, its programs and activities.
37. Bidder(s) response to RFP documentation and questionnaire will be included as part of any final award of contract. Reliance by the City of St. Louis on information contained in bidder's response to the RFP shall be used to support and/or resolve any disputes in contract interpretation.
38. Bidder(s) shall be required to comply with all ordinances of the City of St. Louis including Ordinance No. 65597, the St. Louis Living Wage Ordinance. This Ordinance can be found on the City's website at <http://stlouis.missouri.org>. The Mayor of the City of St. Louis has issued Executive Order #28 regarding Minority and Women Business Enterprises included as Appendix H. Proposals should discuss how bidder will comply with the provisions of said order.
39. The selected underwriter shall comply with all laws, ordinances, and regulations applicable to the services contemplated herein. By responding to this RFP, you are stating that you are familiar with all federal, state, and local laws, ordinances, code rules, and regulations that may in any way affect the services and products to be provided.
40. The bidder agrees to keep the information provided herein confidential. This requirement applies whether or not the recipient of the RFP package agrees to bid. Other than reports submitted to either the City or Mercer, the recipient/bidder agrees not to publish or reproduce or in any other way divulge such information in whole or part, in any manner of form, or authorize or permit others to do so.
41. Bidder's proposal must include no minimum participation requirements for contributory plans.
42. Please quote the coverage net of commissions.
43. All coverage will be provided on a no loss/no gain basis. Bidders will be required to cover employees not actively-at-work but eligible for coverage under each of the City of St. Louis' contracts.

44. Medical coverage is to be effective immediately at the beginning of the pay period following 30 days of employment. No pre-existing condition limitations are to apply to those presently insured, newly eligible employees, or those applying during open enrollment held each year.
45. The City of St. Louis is not subject to the Employee Retirement Income Security Act of 1974 (ERISA).
46. Bidder must provide monthly, quarterly, and annual reports that display claims by provider, provider type, charge amount, approved amount, patient pay amount, amount paid to the provider and amount charged to the plan.
47. Bidder must meet with City quarterly to discuss reports and other health related needs of the City.
48. As a condition for the award of a contract from this RFP, the bidder shall, pursuant to the provisions of Sections 285.525 through 285.555 of the Revised Statutes of Missouri, as, by sworn affidavit (attached hereto as Appendix G) and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with this contract. The bidder shall also complete and submit an affidavit (attached hereto as Appendix G) affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contract pursuant to the above stated statutes.
49. SUBMISSION OF PROPOSAL: Sealed proposals, as well as the required electronic (via e-mail) copies of the RFP Response Documents and required attachments for providing the services described herein must be received no later than 4:00 PM CST on January 13, 2016 and in accordance with the instructions delineated in this RFP. Proposals received after that date and time will be rejected and bidders notified.

Each bidder(s) must prepare, seal, and submit one original and 13 hard paper copies of the required cover letter, proposal, RFP Response Documents, and required attachments by the due date and time in a sealed envelope(s) or mailing container(s) to the contacts listed below.

The original and 11 hard copies should be sent to:

City of St. Louis
Personnel Department
Employee Benefits Section
1114 Market Street, Suite 900
St. Louis, MO 63101

The exterior of the sealed envelope(s) or mailing container must be marked:

City of St. Louis and Police Division
Proposal Group Medical Benefit Coverage

Two (2) hard copies should be sent to:

Mercer Health & Benefits
Attn: Cheryl McGauly
701 Market Street, Suite 1100
St. Louis, MO 63101

In addition, an electronic copy of bidder's proposal must be e-mailed to Cheryl McGaully at Mercer, cheryl.mcgauly@mercer.com no later than 4:00 p.m. CST on January 13, 2016 in order to be considered.

QUALIFICATIONS OF BIDDERS

1. The bidder must have experience in the administration of the proposed contract for accounts of similar size and complexity.
2. The bidder must have the appropriate licensure or authority to do business in the State of Missouri as a health insurance company, health maintenance organization, or similar licensed entity. The bidder must be current in all taxes and payments **prior to execution of an agreement**. City license information can be found on the City's website at <http://stlouis.missouri.org>.
3. By submitting a Proposal, the bidder certifies that it is not currently debarred from submitting proposals for contracts with any political subdivision or agency of the State of Missouri, and it is not an agent or a person or entity that is currently debarred from submitting proposals for contracts issued by a political subdivision or agent of the State of Missouri.
4. Contract must be executed no later than 30 days prior to effective date of coverage.
5. The bidder must, in advance of the selection date, have the manpower and equipment necessary to render the program fully operational on the effective date of coverage.
6. The bidder must be financially stable and solvent satisfactory to the City of St. Louis.
7. The bidder must permit the City of St. Louis representatives access to visit the claims operation or local service office prior to contract award, if so desired by the City of St. Louis.
8. The bidder's Claims Administrator must maintain a local and/or toll-free phone number available for use by plan participants for claim questions, utilization management issues, and provider network services.
9. The bidder must be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
10. Consideration will be given to those companies that provide a multi-year rate guarantee.
11. The bidder must be an equal opportunity employer.
12. The bidder should have web-based enrollment capability.
13. The bidder must be willing to write the case on a no-gain/no-loss basis and waive all actively at work requirements.
14. The City currently self-bills on a bi-weekly basis for active employees and monthly for retirees and COBRA participants. The bidder must accept this current method of billing and also the responsibility of billing reconciliation.
15. The City makes all payments in arrears. All current billing arrangements must be duplicated. Payments are on a bi-weekly basis (26 payments); 45 days in arrears for active employees. Premiums are collected the month of for retired and COBRA participants. Payment is made on the same basis as active employees. The bidder must accept this current method of payment.
16. The bidder must have the capability to reconcile eligibility in billing bi-weekly.
17. The bidder must print and distribute open enrollment material as well as schedule open enrollment meetings and provide updated material when necessary at their expense.

2

CONFIRMATIONS

This section is a request for confirmation of the bidder's willingness and ability to meet specific City standards and conditions. All of the confirmations apply to both the City and Police Division. If your answer is "*agree without deviations*," you, the bidder, acknowledge your willingness to incorporate the standard, as worded in the confirmation, into the final contract between you and the City for the City and the Police Division plans. If your answer is "*agree with deviations*," provide a brief explanation of how your bidding plan deviates from the standard. If acceptable to the City, the modified standard will be incorporated into the final agreement. If your answer is "*no*," this standard will not be incorporated into the final agreement. Provide a brief explanation as to why you as the bidder cannot or will not accommodate the standard.

Please confirm that:

A = agree	D = agree with deviations	N = no	A	D	N
Account Management					
1. Bidder agrees to issue contract/group service agreement in accordance with all of the provisions of this Request for Proposal (RFP)? If not, please indicate all variances and the reasons for these variances. Please do not refer to your standard contract language as a response to this question.					
2. You agree to be available as needed during the implementation process, then be available for quarterly (or as needed), face-to-face meetings with the City's benefit staff to discuss outstanding issues.					
3. Assist the City and the Police Division with enrollment meetings (approximately 25-30 meetings over 2-3 week period in April and May) to facilitate and answer questions for employees and retirees.					
4. ID cards will not include employee's social security number. The ID card will show a random number generated by the bidder. ID cards will show City's PBM information and telephone number.					
5. You will furnish accurate member identification cards before the effective date of coverage and accept the City's authorization as proof of coverage.					
6. Accurate ID cards for new employees will be sent within 10 business days of receipt of enrollment from the City.					

A = agree	D = agree with deviations	N = no	A	D	N
<hr/>					
7. Provider directories are available or will be made available on-line and as hard copies. It is expected that, at a minimum, this information is updated on a quarterly basis.					
8. Paid claim reports will be provided within 10 business days following the end of the reporting period.					
9. You agree to send eligibility feeds to PBM on a weekly basis with format to be agreed upon with PBM.					
10. Bidder will identify subcontracted relationships and will be responsible for their performance and HIPAA compliance if applicable.					
11. The following information is included in the Appendix of your proposal:					
<ul style="list-style-type: none"> • Most recent annual report and audited financial statements • Sample new member communications • Sample contracts (fully insured) • Sample claims and utilization reports available at no charge • Provider Disruption Analysis • Wellness resources and programs 					
12. If requested, you will provide a dedicated representative to attend wellness meetings and assist with wellness initiatives.					
13. Final contract/policy will be executed by carrier no later than 30 days prior to effective date.					

Financial

1. The proposed effective date is June 12, 2016 for actives and July 1, 2016, for retirees and COBRA.
2. Bidder's fee quotes in this RFP and future quotes should assume that you, the bidder, will be responsible for all claims incurred on or after June 12, 2016.
3. The proposed fees do not include commissions.

Financial

4. The City will require that the selected bidder will provide full reconciliation of the claim account(s) each month and report any discrepancies to the City for research.
5. The City requests that all financial data related to the claim account(s) be provided in electronic format (database or spreadsheet) that will permit the City to easily manipulate the cells/fields.
6. You will waive the actively-at-work clause and cover current and future disabled employees as actives until they retire, their employment is terminated, or the disability ends.
7. The current administrator will process run-out claims. Bidder's fees for future run-out should be provided in this proposal, if applicable.
8. You will provide renewal rates by January 1, prior to the renewing plan year.

Signature

Title

Date

3

POLICIES AND PROCEDURES

This section addresses important legal and contracting issues inherent in a managed care arrangement. Contracts for both the City of St. Louis and Police Division will be administered by the Department of Personnel for the City of St. Louis. All of the Policies and Procedures within this RFP apply to both the City and Police Division. We anticipate that bidder's responses to employer related managed care legal and contracting issues will be a differentiating factor in the bidding process. We also expect that the successful bidder will be in a position to agree to contractual provisions that correspond to the managed care arrangement outlined in this bidding process.

To perform all of the services involved in this managed care arrangement, we understand that affiliated corporate entities may be involved. We assume that bidder has the appropriate documentation in place to coordinate the services provided by these entities in a manner that allows the City to execute only one Agreement.

Following are provisions we consider essential to include in the Agreement. Please indicate in the space provided your willingness to accept and include the proposed provision in the Agreement, your willingness to accept the provision with proposed revisions or your unwillingness to accept the provision.

City

This Policies and Procedures document ("Criterion") details the duties and responsibilities to be undertaken by ("bidder") [Insert full legal name]

The final agreed upon contract regarding health services offered to the employees and retirees of City of St. Louis Government ("the City"), and Police Division and such employees' and retirees' eligible dependents, under City of St. Louis' Medical Plan and Police Division's Plan ("Plan").

This Criterion constitutes an addendum to the group services agreement ("Contract") between the City and the bidder. The executed Contract including this Criterion supersedes any and all prior letters of agreement or other agreements, by whatever name called, between bidder and the City. Participants shall include employees of the City and Police Division and such employees' eligible dependents (the "Participants"). The duties, responsibilities, and services of the bidder are as follows:

1.0 Bidder's Rate (i.e., Effective Dates; Premium Change Notification)

The bidder's rate shall remain in effect from the effective date of bidder's coverage to the renewal date or anniversary date thereof. The bidder's rate may be adjusted upon giving not less than one-hundred and twenty (120) days prior written notice to the City, but any increases in rate shall become effective only on the renewal or anniversary of the effective date of the Contract or upon the City's prior written approval.

- ☐ Accept
☐ Reject

☐ Accept with the following revisions:

1.1 Premium/Fee Due Date

All payments are made in arrears. All current billing arrangements must be duplicated. Payments are on a bi-weekly basis (26 payments); 45 days in arrears for active employees. Premiums are collected a month in advance for applicable retired participants. Payment is made on the same basis as active employees. The bidder must accept this current method of payment and be willing to reconcile the bi-weekly premiums on a bi-weekly basis.

☐ Accept

☐ Reject

☐ Accept with the following revisions:

1.2 Self-bill

The City currently self-bills on a bi-weekly basis for active employees and monthly for retirees and COBRA participants. The bidder must accept this current method of billing and also the responsibility of billing reconciliation.

☐ Accept

☐ Reject

☐ Accept with the following revisions:

1.3 Adjustments to Premium Payment (Premium)

Retroactive adjustment may be made for any additions or terminations of enrollees or changes in coverage classification not reflected in the City's records at the time premium is calculated by the City. These retroactive adjustments may be made to future premium/fee payments provided the changes are reported and premium is adjusted within 90 days following the date of change in coverage classification.

☐ Accept

☐ Reject

☐ Accept with the following revisions:

2.0 Termination of Contract

The City may immediately terminate the Contract and this Criterion upon written notice to bidder upon any of the following: (i) the bidder becomes insolvent or files for bankruptcy, (ii) the bidder fails to adhere to any requirement of this Criterion or the Contract, or (iii) the City determines in good faith that the health and welfare of its Participants are in any manner disadvantaged by continuation of the coverage. The City will provide written notice to the

bidder specifying the pertinent facts and circumstances for the termination. In the event of such immediate termination, the bidder shall assist the City with an orderly transition of the bidder's responsibilities, including processing of incurred claims and providing, or arranging for the provision of, continuous care for Participants who are hospitalized at the time of the termination.

Both the City and the bidder may terminate the Contract and this Criterion either with or without cause, upon not less than ninety (90) days advance written notice to the non-terminating party and to each Participant.

Except for immediate terminations, any terminations will take effect at the end of the pay period following date of termination for active employees and the end of the month for retirees.

- ☐ Accept
- ☐ Reject
- ☐ Accept with the following revisions:

3.0 Enrollment (i.e., Open Enrollment)

The City shall determine the circumstances under which eligible employees/retirees and their dependents may enroll with the bidder as Participants or dis-enroll. The City shall also determine the circumstances under which Participants may make changes to their coverage. The City shall determine and the bidder agrees to provide an annual "open enrollment period" during which employees will be given the opportunity to enroll (or disenroll) with the bidder as Participants. During open enrollment, retirees will be allowed to switch plans but those retirees who have not maintained City coverage will not be allowed to enroll in the plan. The City in its sole discretion will determine the timing and duration of the open enrollment. Bidder agrees to pay for the cost of open enrollment material including, at a minimum, printing and distribution.

- ☐ Accept
- ☐ Reject
- ☐ Accept with the following revisions:

4.0 Confirmation of Employee and Dependent Eligibility

An eligible employee is a permanent, full-time employee defined by the City.

- ☐ Accept
- ☐ Reject
- ☐ Accept with the following revisions:

4.1 Dependent Eligibility

Eligible dependents include spouse or domestic partner and children up to the end of the month in which the dependent turns age 26 and extended coverage for unmarried children over age 26 who cannot support themselves due to physical and mental handicap. A domestic partner is defined as an unrelated adult of the same or opposite sex of the employee with whom the employee is living in an intimate, long-term relationship with an exclusive commitment similar to marriage, in which the partners are jointly responsible for one another's welfare and share financial responsibility.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:
-

4.2 Retiree Medical Coverage

Retiree medical coverage is available for those who, upon termination, qualify for a City retirement benefit. Retirees may participate in the retiree medical program on a fully or subsidized contribution basis depending on whether the retiree is a City of St. Louis or Police Division retiree.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:
-

4.3 Eligibility File

Bidder agrees to accept from the City, on a bi-weekly basis for active employees and a monthly basis for retirees and COBRA participants, an eligibility file, in Excel format, including name, SS#, individual and total premium. File shall be forwarded to vendor electronically bi-weekly. Bidder will provide to the City a report outlining any discrepancies in such eligibility file within fifteen (15) business days after bidder's receipt of such file from the City but in no instance shall the file be sent until payment has been received by bidder for the period in question. City will respond to bidder's discrepancy report within ten (10) business days after the City's receipt of such file from bidder. Bidder will perform a reconciliation of such files on a bi-weekly basis.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:
-

4.4 Eligibility File sent to PBM

Bidder agrees to send on a weekly basis an eligibility file, in Excel format, including name, SS#, individual and total premium for the City's active employees, retirees and COBRA participants to the City's PBM. A predetermined file format feed will be approved and tested by both the bidder and PBM.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:
-

5.0 PBM Claims Data for Disease Management Program

Bidder agrees to accept from the City's PBM pharmacy claims data to drive bidder's DM program:

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:
-

6.0 Confirmation of Effective Dates of Coverage

A City of St. Louis employee and eligible dependents are eligible for coverage on the first of the pay period following 30 days of employment, if enrolled. Police Division employees and eligible dependents are eligible for coverage on the first day of the first payroll cycle following date of hire. Retirees are eligible for coverage on the first day of the month after their retirement date. Employees and retirees may also enroll during the annual open enrollment period.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:
-

6.1 Effective Date of Coverage for Employee on Leave of Absence

An Employee on an approved family medical leave of absence during the annual enrollment period may select a new health plan just as if he/she were active. The new coverage will become effective June 12, 2016 for actives and July 1, 2016 for retirees and COBRA following the annual enrollment.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:

7.0 Qualified Change in Family Status (Changes in Coverage Status)

With the adoption of the Internal Revenue Code of 1986, Section 125, the City has chosen to follow the Code's definition of Qualified Changes in Status. Therefore, all bidders offered must also abide by this definition. The definition includes, but is not limited to, changes in status such as: marriage, divorce, or legal separation of the Employee, birth, adoption or placement for adoption of a child by Employee, death of the Employee's spouse/domestic partner or dependent, the termination or commencement of employment of the Employee, Employee's spouse/domestic partner or dependent, a reduction or increase in hours of employment by the Employee, Employee's spouse/ domestic partner or dependent, the taking of an unpaid leave of absence by the Employee, the Employee's spouse/domestic partner or dependent, dependent ceases to satisfy the requirements for unmarried dependents, a change in the place of residence or work of the Employee, Employee's spouse/domestic partner or dependent, a significant change in health coverage for the Employee or spouse attributable to the spouse's employment, and the loss of medical benefits coverage under a Health Maintenance Organization of the Employee, spouse/domestic partner due to the bankruptcy or other suspension of service of the a Health Maintenance Organization that may occur . Election of coverage and enrollment may occur within 31 days of the qualifying event.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:
-

7.1 Enrollment Changes

Election of coverage and enrollment may occur within 31 days of the qualifying event.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:
-

8.0 Coverage Termination Date

The City may terminate coverage for covered Employees and/or their dependents at the following times: a) the effective date of cancellation or termination of the bidder; b) the last day of the pay period following Employee's last day on the payroll; d) the last day of the pay period during which a dependent ceases to be an eligible dependent; e) the last day of the month in which a retiree requests coverage termination. The bidder agrees to arrange to provide covered medical services through midnight of the day the Participant's eligibility is lost.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:

9.0 Bidder's Termination of Employee Participation

In the event the bidder terminates coverage for a Participant for good cause, the bidder agrees to furnish the City with at least sixty (60) days advance written notice specifying why such a decision was reached, if to do so is not in violation of any applicable laws and regulations regarding the confidentiality of such information.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:
-

10.0 COBRA

The bidder agrees to arrange to provide covered medical services as detailed in the Contract to all Participants, including any Participants entitled to continued coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985, as ("COBRA"). Any covered COBRA eligible Employee, Retiree, or dependent may apply for continuation of the bidder's benefits under the Consolidated Omnibus Budget Reconciliation Act of 1985.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:
-

11.0 Access to Employees

Bidder's access to eligible employees shall be determined by each location making available a bidder's plan. The bidder shall bear the entire cost of producing its marketing materials, postage and mailing if applicable. The bidder shall also pay the entire cost of open enrollment materials produced by the City either in color or black and white as chosen by the City.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:
-

12.0 Plan Administration – Claims Process

You agree to review claims and make determinations throughout the appeal process based on your understanding of how the benefits are to be administered.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:

- 12.1 Plan Administration – Certificate of Coverage Development and Distribution
You will assist in developing and reviewing the City-produced COCs prior to distribution.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:
- _____

- 13.0 Independent Contractors
The bidder, its subcontractors, agents, and employees, including health care providers affiliated with the bidder, shall at all times be acting as independent contractors of the City and not as its agents. The determination of the extent and nature of the health care services to be provided to Participants shall be exclusively that of the bidder and its affiliated health care providers.

Each physician employed by or affiliated with the bidder shall maintain the usual and customary physician-patient relationship with Participants.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:
- _____

- 14.0 Responsibilities and Covenants
The bidder agrees to comply with the following Responsibilities and Covenants:

(a) Compliance

The bidder agrees to administer the Plan in compliance with all applicable local, state and federal laws. The bidder will track and provide to the City and/or its delegates any information required by the City and/or its delegates to comply with any requirements imposed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and any other applicable law or regulation.

The City intends to comply with the applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA), and any other applicable federal or state law and will waive or modify any of the eligibility rules stipulated in this document that conflict with the applicable provisions of such laws.

(b) Medical Management

- i) The bidder will adequately credential, recredential, and monitor its affiliated health care providers in accordance with the current National Committee for Quality Assurance (NCQA) criteria relating to provider selection and quality management;
- ii) The bidder's utilization management reviewers will be clinically matched to the case under review;

- iii) The bidder's communications to Plan Participants and their health care providers will include a clear statement confirming that the decision regarding what treatment is appropriate (i.e., level, duration of care, etc.) is always left to the discretion of the Participant and his or her attending physician, and confirming that pre-certification and other forms of utilization management relate solely to whether and the extent to which a procedure or service will be paid for by the Plan;
- iv) If the bidder's standardized communications are provided to Participants and/or the bidder's network providers, they will describe any Plan benefit reductions or other penalties that apply if the Participant (or his or her attending physician) does not comply with utilization management requirements imposed under the Plan and this Contract;
- v) The bidder's medical necessity and/or claim denial letters will contain adequate detail to satisfy current Employee Retirement Income Security Act of 1974 (ERISA) and state law standards;
- vi) The bidder will apply clinical criteria that are objective, clinically valid, compatible with established principles of health care, and flexible enough to allow deviations from the criteria when justified on a case-by-case basis;
- vii) The bidder will require providers to use reasonable timeframes to review appeals that relate to a determination that a procedure is not medically necessary;
- viii) The bidder will require adequate training of medical management personnel and impose appropriate standards for employee qualifications;
- ix) The bidder will make available a network of health care providers consisting of physicians and facilities sufficient to assure access to quality health care for all Participants; and
- x) The bidder will use the same care and skill as a similarly situated provider of like service would exercise following commonly accepted health care and managed care practices in the administration of services to be provided under the Contract.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:

15.0 Use of the City Name

The bidder shall not use the City's name or the name of any of its affiliates in any solicitation or promotional material without prior written consent from the City.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:

16.0 Right to Audit (i.e., Quality Assurance Provision)

The City reserves the right to audit, either directly or through its authorized agent(s), the bidder's compliance with the terms of the Contract and this Criterion. The City further reserves the right, either directly or through its authorized agent(s), to conduct a chart audit or other appropriate review to assess the quality of any services performed by the bidder or its affiliated health care providers upon reasonable advance notice to the bidder. Upon providing appropriate assurances as to confidentiality and proper use of medical information, the bidder agrees to provide the City or its authorized agent(s) with the medical records maintained by the bidder as well as any data needed to perform audits or other reviews.

* The audits shall be pre-scheduled with the bidder and shall not interfere with the delivery of care nor compromise confidentiality in any manner.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:

17.0 Insurance/Liability

The bidder agrees to adopt and demonstrate adoption of all of the following arrangements to protect the City or any of its affiliates and/or Participants from incurring liability for payment of any fees, which are the legal obligation of the bidder:

- (a) Insolvency insurance at an amount which is sufficient based on relevant industry standards, to cover obligations to providers for services provided to Participants.
- (b) A contractual arrangement with medical providers affiliated with the bidder prohibiting such providers from holding any Participant liable for payment of any fees, which are the legal obligation of the City of St. Louis.
- (c) Other protection from liability for its Participants as provided by applicable state or federal laws.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:

18.0 Claims and Utilization Reports

Paid claims reports will be provided within 30 business days of the end of the reporting period. Utilization, enrollment and management reports based on designated subgroups as agreed to by City of St. Louis on a monthly, quarterly or annual basis. Paid claim reports must display claims by provider type, charge amount, approved amount, patient pay amount, amount paid to provider and amount charged to the plan.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:

19.0 Confidentiality

The bidder agrees to maintain the confidentiality of all medical, financial, and other patient specific data pertaining to Participants. The bidder agrees that, except as otherwise provided herein, such data will not be released to individuals or entities other than the Participant to which the data relate or such Participant's authorized representative except as required by law or as may be required by order of a court having jurisdiction over the Participant.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:
-

20.0 Fiduciary

During the term of the Contract, the bidder shall be a fiduciary regarding benefit determinations, review of denied claims, certifications of medical necessity (including prospective, concurrent, and retrospective review), and for carrying out specific managed care medical management and network services including the following. This would continue regardless of funding method:

- establishing network provider eligibility standards and quality improvement procedures and protocols,
- selecting, appointing, and terminating network providers,
- monitoring whether health care providers affiliated with bidder continue to meet the eligibility standards and quality improvement procedures and protocols of the bidder, and
- establishing and monitoring utilization review procedures and protocols.

The bidder shall be responsible for administering claims for benefits under the Plan on a fully insured basis. In discharging its responsibilities, the bidder shall act in accordance with the documents and instruments governing the Plan, and any applicable federal or state law. The bidder shall also be a fiduciary for the purpose of providing a Participant whose claim for benefits has been denied a full and fair review of the decision denying the claim. The bidder's decision on appeal of the disputed claim shall be the final review for the Plan.

In exercising its fiduciary responsibility, the bidder shall have sole and complete discretionary authority to determine eligibility for benefits, to construe the terms of the Plan, to make factual determinations, and to determine the validity of charges submitted for reimbursement under the Plan. The bidder shall be deemed to have properly exercised such authority unless it has abused its discretion hereunder by acting arbitrarily and capriciously.

Notwithstanding the foregoing, the City or its Agents shall be the administrator of the Plan, and shall have sole and complete discretionary authority to determine questions relating to the eligibility of employees and dependents for membership in the Plan, including

determination of who is a Participant. Nothing in the Contract shall limit the ability of the City to amend or terminate the Plan.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:

21.0 Indemnification

The administrator(s)/carrier(s) will not charge against the City's experience those claim payments not authorized under the benefits plan (except when authorized by the City in writing) if such payments were the result of error, negligence, reckless or willful acts or omissions by the administrator, its agents, officers, or employees.

The administrator(s)/carrier(s) will reimburse on an immediate basis any overpayments that were the result of error, negligence, reckless or willful acts or omissions by the administrator, its agents, officers, or employees.

The administrator(s)/carrier(s) will indemnify, hold harmless and save the City, its agents, officers, and employees from liability of any kind or nature (including costs, expenses, or attorney's fees) for damages suffered by any entity or person as a result of error, negligence, reckless or willful acts or omissions of the administrator, its agents, officers, or employees.

The above three paragraphs shall hold for the term of the contract with the administrator(s)/carrier(s) even if not expressly provided for in the contract.

- ☐ Accept
☐ Reject
☐ Accept with the following revisions:

22.0 Notice

Notices to the City, including issues surrounding the Policies and Procedures should be sent to:

City of St. Louis
Department of Personnel
Employee Benefits Section
Suite 900
1114 Market Street
Saint Louis, MO 63101

This Criterion is effective June 12, 2016 and shall remain in full force and effect until terminated in writing and signed by the City.

Please indicate acceptance of the above and return the signed original copy.

The above is hereby accepted on this _____ day of _____, 2016.

_____ (Signature)

_____ (Title)

4

FINANCIAL RESPONSE

Please provide your proposal for one all-inclusive City contract, assuming the current plan designs offered by the City and Police Division as outlined in the Appendix.

We are requesting a fully insured and ASO proposal. Your underwriting and proposed rates should be shown separately based on the following: 1.) combined experience for both groups
2.) each group on a stand-alone basis.

In addition, the City rates should be for medical only coverage assuming pharmacy coverage will be carved out on a self-funded basis. The Police Division rates should be for medical with pharmacy included as well as carved out on a self-funded basis.

Rates should be entered into the Excel Rate table provided as a separate document included with the RFP. Rates should be on a Per Employee Per Month (PEPM) basis and be based on the following current tier ratio structure:

	Tier Ratios	
	City	Police
Groups/Tiers		
Active		
Employee	1	1
Employee + Spouse	2.1	2
Employee + Child(ren)	1.8	1.75
Employee + Family	3	2.75
Retiree and Spouse - Under 65		
Retiree	1	1
Retiree + Spouse	2.1	1.89
Retiree + Child(ren)	1.8	1.66
Retiree + Family	2.94	2.6
Retiree and Spouse - One Retiree Over or Under 65		
Retiree	NA	NA
Retiree + Spouse	2.05	NA
Retiree + Child(ren)	1.8	NA
Retiree + Family	2.9	NA
Retiree and Spouse - Over 65		
Retiree*	1	1
Retiree + Spouse	2.35	1.89
Retiree + Child(ren)	2.37	1.8
Retiree + Family	3.64	2.64

- All quotes should be presented net of commission.
- Rates and benefits must be guaranteed for a minimum of the coverage period June 12, 2016 / July 1, 2016, through June 24, 2017 / June 30, 2017.

- A multi-year rate guarantee is preferred. It is the City of St. Louis' desire to obtain a multi-year rate guarantee where the percentage of increase is **not** contingent on a tiered medical loss ratio and that the rate guarantee be a "not to exceed" percentage; e.g. 2nd year rate increase will not exceed X% regardless of medical loss ratio. Please indicate the multi-year rate guarantee and any caveats below.
- Current rates (2015-2016 plan year) are included with the RFP data. Renewal rates for the upcoming 2016-2017 plan year will not be disclosed for purposes of this marketing process.
- For validation purposes, please include a copy of your underwriting worksheet with your proposal.

Responding in this Word document via tracked changes:

- Clearly state any participation or underwriting requirements.
- Clearly list any deviations from the current plan design in services covered under your bid. **If no deviations are noted, we will assume no deviations exist.**
- List reported network discounts for 2013 and 2014.

5

QUESTIONNAIRE

All of the questions apply to both the City and Police Division coverage.

QUESTION	ANSWERS/COMMENTS
Organizational Information	
1. Indicate the name of the bidder, its legal structure, principal owners, and key management personnel.	
2. Indicate the licensure or authority under which bidder does business in the State of Missouri. Bidder(s) must have the appropriate licensure or authority to do business in the State of Missouri as a health insurance company, health maintenance organization, or similar licensed entity.	
3. Indicate whether bidder is or has been subject to any disciplinary or regulatory actions, oversight, or supervision by the State of Missouri or any other state relative to the services proposed. Please list the action and outcome.	
4. Specify bidder's office (or offices) from which the City and Police Division accounts will be serviced, the name and positions of the account team assigned to the City, and the account executive. Indicate the contact name, title, address, telephone, FAX, and e-mail address for the bidder's main contact for questions concerning your proposal/bid.	
5. Indicate if bidder's main office is within the corporate limits of the City of St. Louis? Does bidder have other offices that are in the corporate limits of the City of St. Louis?	
6. Provide an overview of bidder's scope of services and describe how long it has been in business generally as well as in the St. Louis area. Please describe bidder's experience in providing the services being proposed. Describe the bidder's experience in providing similar services to other public employers and to those of the same industry and demographics as the City of St. Louis.	
7. Please provide copies of bidder's financial statements for the last three (3) fiscal years. Provide audited financial statements if available.	
8. Please provide information as requested on page 4, item 5 in regards to Ordinance 68284 as amended by Ordinance No. 68564. The Ordinance can be found in the Appendix of this RFP. Insert information into the table on the following page.	

QUESTION	ANSWERS/COMMENTS
----------	------------------

Provide your current agency ratings:

Agency

Rating

Date of Rating

Best's

S&P

Moody's

Other

Network Management

9. To ensure a smooth transition, the City would like to see the layout for your standard eligibility file.
10. If a provider is eliminated from your bidding network, how and when will the City be notified? How and when will members be notified?
11. Do your directories (on-line and hardcopy) indicate if a physician's office is closed to new patients?
12. Does your credentialing process meet NCQA standards?
13. Are claims adjusted when contracts are updated with retroactive effective dates?
14. Describe any significant network changes in the past year. Are you planning any significant network expansions or reductions? Explain in detail, including projected time frame for changes.

Account Management/Implementation

15. Who will be the primary account manager for the City's account? The City would like to meet the primary account manager prior to implementation and would like to be assured the account manager is advised of all implementation issues. Please include the following information in your reply:
 - a) Account manager name
 - b) Office Location
 - c) Phone Number
 - d) E-mail address
 - e) Fax number
 - f) List of account manager's current clients
 - g) Percentage of time dedicated to the City during implementation
 - h) Percentage of time dedicated to the City on an ongoing basis
 - i) List of ongoing responsibilities of account manager, as it pertains to the City

QUESTION	ANSWERS/COMMENTS
16. Please provide an organizational chart of key positions of the City team. Include a description of responsibilities for each City team member along with a brief biographical description for the account manager, implementation coordinator, and any other significant team member.	
17. What is your deadline for receiving eligibility in order to issue and deliver accurate identification cards in time for the effective date?	
18. Does bidder have any limitations of which we should be aware in implementing the plan for June/July 2016?	
19. Provide a sample implementation plan including key dates for June /July effective date assuming a bidder notification as indicated in the timeline. Who from bidder will manage the implementation process? How many cases are they implementing for June/July 2016?	
20. What is the address bidder's health plan's Internet web site?	
21. How is information contained in the Policies and Procedures passed on to the persons that work on the account on a daily basis (i.e., Eligibility and Enrollment, Member Services, etc.)?	
22. Will you prepare Certificates of Coverage (COCs) for all enrolled plan participants that will satisfy all of the current ERISA requirements? Please provide a sample COC that will be customized for the City.	
23. Please advise as to whether COC information provided by your bidding plan is available in an electronic format (i.e., Word or PDF).	
24. Will you provide full reconciliation of claim account(s) bi-weekly and report any discrepancies to the City to research?	
25. Will you attend quarterly meetings between with City of St. Louis Healthcare Committee to review quarterly data, identify areas of concern and discuss methods to rectify those concerns	
26. Will you attend annual meeting at which time bidder's medical director will provide annual review?	
27. Will bidder provide basic claims and utilization reporting via monthly email and monitor it regularly throughout the year?	

QUESTION**ANSWERS/COMMENTS****Consumer Engagement Communications****Communication Support for Web Resources and Tools**

28. If your firm offers employee communication on the Web Site that you provide, please describe and provide samples for both initial and ongoing communication
29. To what extent will you be able to customize the Web site your firm provides for City of St. Louis?
Will you customize online materials at no additional cost to the City?

Face-to-Face

30. At the time of implementation, will you agree to attend enrollment meetings to educate employees on transition of care, and other events? Please describe your services included in your bid.
Will you provide face to face communication during the year at no additional cost to the City?

Print Materials

31. What print materials do you provide to support Open enrollment?
32. What educational materials do you provide on an ongoing basis? Can these be provided electronically for City's use/to adapt?
- Will you customize print materials at no additional cost to the City?

Web Tools

33. Which of the following services will be available June 2016 through your Web site?

Web Tools**Can Members**

- Access provider information?
Participate in community forums?
If no, does your Web site link to this type of site?
Access benefits plan summaries?
See accumulations towards maximum visits limit for specific plan provisions?
Access cost share calculators?
Access medical and drug information?
Access at least 36 months of individual claims history?
Check eligibility?
Order new member/replacement ID cards?
"Talk" to providers (i.e., "Ask-the-Physician")?
Compare performance ratings (quality and cost) for hospitals and physicians?
File a claim?
Download printable versions of claim forms?

Available 6/16?
Yes or No

In Scope?
Yes or No

QUESTION	ANSWERS/COMMENTS
<p>Check claim status? Download EOBs and Monthly Statements? Submit appeals? Submit inquiries to customer service via email? Can Providers: Verify in "real-time" the eligibility status of members? Create virtual medical records for their patients? Access drug and medical history for their patients? Access their performance results vis-à-vis their peer group? Access lab values or other encounter data? Submit claims? Submit pre-certification information/extended LOS information? Can Plan Sponsor: Check member data? Update eligibility? Create reports? Additional comments:</p> <p>34. Please list anticipated future enhancements to your Web site along with expected date of enhancement.</p> <p>35. Please provide a dummy identification number and password for the City's review of these online services.</p>	
Services	<p>Included in Fully Insured Quote? Yes or No</p> <p>If NO is it offered for an additional fee?</p>
<p>Health Risk Assessment Biometric Screenings and Data Collection Behavior Modification (aka Targeted Behavior Modification, Lifestyle Management) Nurse Line, Decision Support (aka Demand Management) Web Portal On-site Education and Fitness Services (campaigns, seminars, fitness centers) On-site clinical services Disease Management (aka Chronic Condition Management) Maternity Management Case Management Utilization Management Health Advocacy Integrator Incentive Administration Additional Comments:</p>	
<p>Health Risk Assessment</p> <p>36. Which of the following program(s)/service(s) are offered? If a Subcontractor is used, please indicate the name of the Subcontractor</p>	

QUESTION		ANSWERS/COMMENTS		
	Offered? Yes or No	Offered for an additional fee? If so indicate fee amount.	Delivery Model. Internal or Subcontract	# of Clients
Paper Health Assessment Online Health Assessment Telephonic Health Assessment Additional comments:				
37. How can HAs be customized?				
Description			Yes or NO	
Client branding				
Custom questions – predetermined (i.e., Client may select from predetermined list)				
Custom questions – Client developed (i.e., Client may add questions they have written themselves)				
Additional comments:				
38. Identify bidder's book of business participation rate with the following incentive values for incentives related to health assessment (HA).				
Incentive Values			Percentage Participation	
\$0-\$50				
\$51-\$99				
\$100-\$150				
Over \$150				
Additional Comments:				
39. Please indicate if your standard client reports generated from the HA include the components outlined below.				
Components			Yes or No	
Lifestyle Risks				
Health Status				
Chronic Conditions				
Immunization and Preventive Exams				
Productivity				
Readiness to Change				
Time-Over-Time Comparisons				
Estimated Costs of Risks and Project Savings from Risk Reduction				
Web-based/Electronic "Real Time" Format				
Additional Comments:				
40. Please indicate below if your standard client report generated from the HA is offered in the following ways				
Generation			Yes or No	
Hard Copy Format				
Client Can Generate Own Reports from Your Web-based System				
Separate Reports by Client Location, region or Division				
Demographics				
Additional Comments:				
General Wellness				
41. Is bidder willing to fund City of St. Louis wellness program. If so, what is the annual amount bidder will provide to the City				

QUESTION	ANSWERS/COMMENTS
of St. Louis. Please note that the City of St. Louis can use these dollars at their discretion and for any wellness service (not just bidder's available services).	
42. List two specific things that bidder would first recommend and offer to the City to enhance their ongoing wellness program.	
43. Is bidder willing to provide an ample amount of flu shot vaccinations? Will there be a certain number of flu shots available to the City received and administered by bidder?	
Will there be a cost to City or employee for such vaccinations?	
44. Is your nurse team willing to administer the flu shot vaccination to the City employee population?	
45. Is bariatric surgery covered under your fully insured products?	
46. What is bidder's protocol for covering the bariatric surgery? What is the process for the participant to receive this benefit?	
47. Are there certain bariatric procedures that are not covered or recommended?	
48. Is the bariatric benefit available as a rider? If so, please provide the additional cost factor to include this benefit on a fully insured arrangement.	
Behavior Modification	
49. Please list ways that you will assist the City with continuing its wellness program and activities (please focus your response on wellness and preventive activities and not disease management)	
Nurse Line and Decision Support	
50. Which of the following program(s)/service(s) are provided? If a Subcontractor is utilized you must provide the Subcontractor's name.	

QUESTION		ANSWERS/COMMENTS				
52.	Does bidder's portal have the ability to link to a client's web site or intranet? Yes or No					
53.	Is telephonic support available to assist with technical difficulties and navigational challenges? Yes or No					
54.	Have you successfully hosted or participated in a project to achieve single sign-on capabilities with any of your clients? Yes or No					
55.	Does bidder offer capabilities for each registrant to create customized personalized page? Yes or No					
56.	What metrics are used to evaluate web portal usage: Metric Number of unique users Average hits per unique user Type of information sought Number of times a particular link/data page is accessed Usage by time of day Additional comments:				Yes or No	
57.	Does bidder offer real-time site usage reporting?					
Disease Management						
58.	Is the funding methodology transparent to the clinical and service staff for disease management?					
59.	Which of the following program(s)/service(s) are offered? Describe the underlying approach/theory of your Disease Management programs.					
	Program/Service	Offered? Yes or No	Successful? Yes or No	Definition of Success	Delivery Model. Internal or Subcontract	Subcontractor Name
	Arthritis					
	Asthma					
	Chronic Pain					
	Management					
	Congestive Heart					
	Failure (CHF)					
	Chronic Obstructive					
	Pulmonary Disease					
	(COPD)					
	Coronary Artery					
	Disease (CAD)					
	Depression					
	Diabetes					
	End Stage Renal					
	Disease					
	Hyperlipidemia					
	Hypertension					
	Low Back Pain/					
	Musculoskeletal					

QUESTION	ANSWERS/COMMENTS
Obesity Rare Diseases Oncology Other, please specify Additional comments:	
60. How does bidder define participation in your disease management programs?	
61. Have you implemented clinical guidelines/protocols for preventive and disease-specific services and treatments in the areas specified below?	
Pediatric preventive services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult preventive services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma/respiratory disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No
Joint/muscle problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemical dependency	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Please specify):	
62. Is bidder willing to place additional CM/UM/DM services based on the City medical loss ratio? How would bidder use these services or additional services to reduce or keep medical loss ratio percentage at an appropriate level	
63. How will bidder assist with educating and encouraging City participants to obtain their necessary and recommended preventive care? Will you provide a financial guarantee surrounding preventive utilization?	
64. Is bidder willing to provide a dedicated nurse team and/or dedicated nurse for additional wellness and preventive initiatives that would integrate with their current delivery model?	
65. Has this product implemented <i>disease-specific</i> outreach programs that notify <i>individual</i> members (as opposed to all members) of their need for preventive procedures or management of selective conditions? If so, please identify these programs.	
66. Do your networks offer a Center of Excellence program that provides care for transplants or other specific conditions? If so, identify the facilities and procedures. Is the program mandatory? What is the cost?	

QUESTION	ANSWERS/COMMENTS
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67. PBM claim data must be transmitted to the chosen bidder to conduct the disease management program. Please indicate your willingness to do so and how that file transfer process would work.
68. How quickly would the set-up/implementation of this transmittal take for bidder? How quickly would it take bidder to use this data in DM programs?
69. Explain how bidder will use pharmacy claims to drive identification of patients for participation with your DM program.
70. Does bidder have any statistics to demonstrate improved health status and clinical and financial effectiveness of your DM programs? Is bidder willing to set a financial guarantee based on this program?

Definition

- All enrollees are participants unless disenrollment is requested
- Individuals who have had at least one interaction with the program (passive)
- Individuals who have actively participated at least once (active response)
- Individuals who have participated actively within the past three months
- Individuals who have participated actively within the past month
- Individuals who have participated at their prescribed frequency
- Individuals identified through other mechanisms
- Individuals receiving a mailing or other notification

Additional comments

Selection

71. What data are used to identify and stratify participants for your program?

Data

- Medical Claims
- Rx Claims
- Dental Claims
- Vision Claims
- Behavioral Health Claims
- Health Risk Assessment Data
- Non-Occupational Disability Claims
- Occupational Disability Claims
- Lab Values

Additional comments

Apply? Yes or No

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

72. How will you integrate Pharmacy data from the City of St. Louis' carve out vendor to help identify and stratify participants?

73. What variables does bidder currently track and evaluate for disease management programs?

QUESTION	ANSWERS/COMMENTS			
Variables Used	Yes or No			
• Participation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Identification	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Telephonic Outreach/Recruitment: Attempt to Reach)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Telephonic Outreach/Recruitment: Reached	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Stratification (e.g., low, moderate, high risk; level 1, 2, 3	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Invalid Phone Numbers (e.g., incorrect number, no phone number, disconnected, unpublished)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Active Participation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Comorbidities/Health Risks of Participants	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Satisfaction	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Member Satisfaction	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Physician Satisfaction	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Case Statistics	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Case Status: Open, ongoing, closed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Referral Source	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Cross Program Referral	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Disenrollment reason	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Graduation/Telephonic goals attained	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Call Center Statistics	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Call volumes: inbound and outbound	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Average speed to answer	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Abandonment rates	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Productive (e.g. enrollment assessment; vs. Non-productive call (e.g. left a message)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Reasons for Non-Enrollment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Clinical Metrics	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Diagnosis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Use of medications compared to disease	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Outcomes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• ROI	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Changes in physical function (e.g. SF-8, 12 or 36)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Changes in mental function	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Days of lost activity	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Total Medical Claims	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Productivity	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Risk Reduction	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other, please specify:				
Additional comments:				

Maternity and Newborn Management

74. Which of the following program(s)/service(s) are offered? Define if the program is successful and define success. Describe your underlying approach/theory of your maternity management. Does the success vary by client? If a Subcontractor is utilized you must provide the Subcontractor's name.

Program/Service	Offered? Yes or No	Included in fully insured quote? If not, please indicate the fee amount	Delivery Model. Internal or Subcontract
• Incentives to increase program participation	<input type="checkbox"/> Yes <input type="checkbox"/> No		

QUESTION	ANSWERS/COMMENTS			
<ul style="list-style-type: none"> Incentive administration to support increased program participation 	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<ul style="list-style-type: none"> Outreach and prenatal high risk assessment at 16 weeks 	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<ul style="list-style-type: none"> Monthly outreach calls for high risk mothers until term 	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<ul style="list-style-type: none"> Nurses experienced in maternity management programs 	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<ul style="list-style-type: none"> Management of high risk premature infants in the NICU 	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other, please specify:				
Additional comments:				

Case Management

75. Is the funding methodology transparent to the clinical and service staff for case management?
76. Describe your case management program. Indicate whether or not you have separate programs for complex cases versus catastrophic cases.

77. Which of the following program(s)/service(s) are offered?

Program/Service	Offered? Yes or No				Delivery Model. Internal or Subcontract	Subcontractor Name
• Complex/catastrophic case management	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
• End-of-life case management	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
• Pre-admission planning	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
• Concurrent stay review	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
• Discharge planning	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

Other, please specify:

Additional comments:

78. What specific diagnoses are flagged in your system as requiring CM services?

79. Identify all sources of case identification:

Sources	Yes or No			
• Predictive Modeling	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Internal Referrals	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Member Services	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Utilization Management	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Disease Management	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Provider Relations	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Marketing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• High Dollar Claims Reports	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

QUESTION	ANSWERS/COMMENTS			
• External Referrals	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Providers	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Members Self-Referral	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Family Members	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Employers	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Disability Management	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Behavioral Health	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• EAP	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other comments:				

Utilization Management

80. Describe three (3) aspects of your utilization management program that best captures your ability to manage costs while still preserving quality of care. What evidence can you provide to substantiate the impact of these initiatives?
81. Do you own your own UM/UR organization or do you contract with another vendor to provide these services? Please name the vendor and describe the relationship. Are services provided centralized or decentralized?
82. Please list the names of all organizations that have accredited your UM/UR program along with initial and re-accreditation dates:
83. How does bidder propose to keep emergency room utilization at an appropriate level?
84. What type of education do you provide to participants regarding ER utilization and when it is appropriate to use this service?

Health Advocacy

85. Which of the following program(s)/service(s) are offered?

Program/Service

- | | Yes or No | | | |
|-------------------------|--------------------------|-----|--------------------------|----|
| • Navigational advocacy | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Clinical advocacy | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Claims advocacy | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Other, please specify:

Additional comments:

Included in quote or
Additional fee. If additional
Fee, please list fee.

86. How are health advocate services provided?

Approach

- Outbound calls
- Inbound calls
- Both outbound and inbound calls

Additional comments:

Yes or No

- | | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Reporting

87. Is bidder able to provide customized reporting to the City?
88. Would the reporting, specific to the City, include book of business benchmarks and benchmarks similar to City's business and population for:

QUESTION	ANSWERS/COMMENTS
<p>A. Disease Management</p> <p>B. Case Management</p> <p>C. Utilization Management</p> <p>If yes, please explain and provide sample report(s).</p>	
<p>89. The City currently receives executive monthly summary reports including at a minimum, claims, premium, enrollment and large claim details. Please confirm that bidder would be able to provide this type of reporting. Please describe any enhancements or differences in bidder's monthly reporting.</p>	
General Claims Administration	
<p>90. What claim office is proposed to service City?</p>	
<p>91. Does the current medical claim system interface on-line with the UM function and member services?</p>	
<p>92. For an employee admitted to a participating hospital where some hospital-based physicians are not participating in your network (e.g., anesthesiologists or pathologists), are their charges paid at the participating level? Is this a manual function? Is this an optional process that the City can choose to allow or not?</p>	
<p>93. What updates are expected to your claim system(s) within the next two (2) years?</p> <ul style="list-style-type: none"> Do you anticipate a claims platform change (new system) within the next two (2) years? 	
<p>94. Will the claims/customer service platform be different for fully insured versus ASO?</p>	
<p>95. Please describe your reporting system via the Internet and standard and ad hoc reporting capabilities. Typically, how long does it take to produce these reports? Is there an additional charge? Please provide hourly report programming charges, if any</p>	
<p>96. Do you have a reporting system that is available to clients for use for on-site ad hoc reporting?</p> <ul style="list-style-type: none"> Can claims data be submitted to Mercer on the City's behalf? Is there an additional fee? If yes, please provide associated cost 	
<p>97. Describe and provide samples of claim experience reporting. Specify how many days after the close of each reporting period that reports will be available.</p> <ul style="list-style-type: none"> Standard Monthly Reports Standard Annual Reports. 	

QUESTION	ANSWERS/COMMENTS
<ul style="list-style-type: none"> Standard Quarterly Reports <p>98. Are reports available in specific detail and de-identifiable form?</p> <p>99. Would the City of St. Louis have desktop access to claims data?</p> <p>100. Indicate the turnaround time for ad hoc data requests or reports and if there are any additional charges for such requests.</p>	
Quality Control/Audit	
101. Provide a copy of any required Business Associates Agreements or applicable agreement.	
<p>102. Describe your quality control program for:</p> <ul style="list-style-type: none"> Customer service. Claims processing. Auditing. 	
<p>103. Describe your internal audit procedures and how a claim is identified for review.</p> <ul style="list-style-type: none"> What is the average percentage of error identified by audit? Do you use independent claim auditors? If yes, state how used and supply the results of the audit for the past two years. If you use internal audits, detail the parameters. Are the claims audited over a dollar amount? If so, what are the dollar amounts? If they are random audits, what are the parameters? How long does it take to get a claim out of auditing 	
104. Do you agree to the stipulation that the City of St. Louis or their designated representative can audit claims systems, records, and procedures?	
105. Describe your claim cost control programs and how they are handled.	
<p>106. How do you detect overcharges?</p> <ul style="list-style-type: none"> How do you detect unnecessary or excessive hospital confinements? How do you detect unnecessary medical treatment, repeaters, etc.? Detail your internal claims auditing procedures for these procedures. 	
107. Describe how your claims system helps control claim abuse, what cost control features are built in, and how claim cost savings are quantified and reported on a regular basis. Please provide sample reporting.	

QUESTION	ANSWERS/COMMENTS
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108. Performance Goal Table: Provide performance goals and actual results for the most recent complete year for bidder in the following table:

	Performance Goal	Actual Audited Results for Year 2014
--	------------------	--------------------------------------

Claims Payment Accuracy (1)

Claims Processing Accuracy (2)

Financial Accuracy (3)

Average Claims Turnaround

Provide your definition for any performance measures that differ from those described in the footnotes to this Performance Goal Table.

Footnotes:

(1). Number of audited correct payments divided by the total number of audited payments (percentage).

(2). Number of claims processed with 100% accuracy divided by the total number of claims processed (percentage).

(3). Dollars paid correctly divided by the total dollars paid (percentage).

Member Services

109. Where will member services be handled?
Is it local or centralized?
110. How will the City inquiries be handled (e.g., by a dedicated unit or service representative)? A preference will be given to dedicated units.
111. Will member services performance (e.g., call abandonment rates, average wait time, etc.) be reported on a City-specific basis?
If so, at what frequency?
If not, indicate if statistics are provided on a unit or office-wide basis.
112. What are the proposed hours that the member services center will be staffed by live member services representatives?
113. Do member services representatives have on-line access to:
- Utilization Review
 - Case Management
 - Claim Adjudication
 - Provider Services
 - Plan Detail Record
 - Claims History for Patient
114. Describe your grievance and appeal procedures.
115. Aside from provider directories, what additional information is available to members and employers via your Internet web page?
Please provide your internet address.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Financials - Network Management

116. List all locations where you lease, rather than own, the network.

MERCER

QUESTION	ANSWERS/COMMENTS
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Indicate the name of the leased network you utilize.

117. For what services (e.g., EAP, MH/SA) do you contract with other organizations?

118. Do the credentialing processes for your physician and hospital networks meet current NCQA guidelines? ☐ Yes ☐ No

References

119. Please provide client references delineating the following information for each reference, preferably organizations in the public employer sector or in the same industry and groups of similar demographics as the City of St. Louis. For each client reference, please include the following information:

- Company
- Contact Name
- Mailing Address
- E-mail Address
- Contact Name's Telephone Number
- Effective Date
- Termination Date

120. Provide two references that have been with bidder at least two years.

121. Provide two references for customers that have terminated within the past year and the reason for the termination.

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APPENDIX

- A. Proposed Medical Plan Design and Updated Experience Reports
- B. Financial Response (Excel format)
- C. Performance Guarantees
- D. Census
- E. Intent to Bid Form
- F. Affidavit (Unauthorized Alien Employees)
- G. MBE/WBE Information
- H. St. Louis City Ordinance No. 68284 as amended by Ordinance No. 68564.

APPENDIX A

PROPOSED MEDICAL PLAN DESIGNS

The City currently offers to its eligible employees and retirees three plan designs:

1. High Option (PPO)
2. Navigate (EPO)
3. HDHP HSA qualified plan

The Police Division currently offers to its eligible employees and retirees two plan designs:

1. Base Plan
2. Buy Up Plan

Please note:

For the City's plans we are requesting rates with pharmacy carved out. We are also requesting bidder's Medicare Advantage product for retirees (Post-65) and companion rates for eligible City retirees only.

Refer to the summaries of the current 5 plan designs included in the RFP data. Your 5 proposed plan designs should match the current as closely as possible except for the following:

City's HDHP plan's Out of Pocket Maximum for 2016 should be changed to comply with ACA to

- \$4,000 for single coverage
- \$6,850 per individual/\$8,000 per family for non-single coverage

Be sure to clearly note any deviations from the current plan design in services covered under your plans/quotes including any plan changes required for ACA compliance. If not noted, we will assume no deviations exist. Include a copy of the benefit summary or contract, the plan exclusions and limitations, and alternate benefit provisions.

APPENDIX B

FINANCIAL RESPONSE

A rate response table is included separately with RFP documents.

The electronic submission of your proposal for the financial response must be completed in Excel in the format as instructed in Section 4 and submitted along with your proposal response in an Excel format.

APPENDIX C

PERFORMANCE GUARANTEES

As stated in the introduction, the City seeks a health plan partner that can provide exceptional administrative services and is committed to member satisfaction. The City expects the winning bidder to put fees at risk if certain performance standards are not met.

The suggested performance guarantees are included with the RFP documents. This format is designed to objectively measure performance to agreed-upon standards. Recommended amounts at risk within each category are provided. Please add additional guarantees you are willing to abide by. Indicate the amount of fees you are willing to put at risk by category, and indicate any deviations from the targets or criteria parameters.

APPENDIX D

CENSUS

A census for City of St. Louis and Police Division is included with the RFP documents.

APPENDIX E

INTENT TO BID

Please print and complete this form and return it to Cheryl McGaully at Mercer by December 16, 2016.

We have received the invitation to respond to the City's Request for Proposal and have the following intentions:

- ☐ We decline to bid at this time.
- ☐ We intend to submit a proposal by January 13, 2016.

Authorization:

Name and Title

Date

Company

Return completed form via fax or e-mail to:

Cheryl McGaully

Mercer Health & Benefits

Cheryl.mcgaully@mercer.com

Fax: 314-588-2525

APPENDIX F

AFFIDAVIT

EXHIBIT _____

STATE OF _____)
)SS.
COUNTY OF _____)

AFFIDAVIT

Before me, the undersigned Notary Public, personally appeared _____
(Name) who, by me being duly sworn, deposed as follows:

My name is _____ (Name), I am of sound mind, capable of making this
Affidavit, and personally acquainted with the facts herein stated:

I am the _____ (Position/Title) of _____. (Contractor)

I have the legal authority to make the following assertions:

1. _____ (Contractor) is currently enrolled in and actively participates in a federal work authorization program with respect to the employees working in connection with this Agreement, as required pursuant to Sections 285.525 through 285.555 of the Revised Statutes of Missouri 2000, as .
2. Pursuant to Sections 285.525 through 285.555 of the Revised Statutes of Missouri 2000, as , _____ (Contractor) does not knowingly employ any person who is an unauthorized alien in connection with this Agreement.

Affiant

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal this
____ day of _____, 20__.

Notary Public

My Commission Expires: _____

APPENDIX G

MBE/WBE INFORMATION

A copy of Executive Order #28 is included with the RFP documents.

APPENDIX H

CITY ORDINANCE

Please see the following that provides a copy of the Ordinance, as posted of the City's website. Also included is the website address for the City's Ordinance.

<http://www.slpl.lib.mo.us/cco/ords/data/ord8284.htm>

St. Louis City Ordinance 68284

St. Louis City Ordinances have been converted to electronic format by the staff of the St. Louis Public Library. There may be maps or illustrations (graphics) that are not available in this format. This electronic version has been done for the interest and convenience of the user. These are unofficial versions and should be used as unofficial copies.

Official printed copies of St. Louis City Ordinances may be obtained from the Register's Office at the St. Louis City Hall.

FLOOR SUBSTITUTE
BOARD BILL NO. [08] 308cs

INTRODUCED BY ALDERMAN [STEPHEN GREGALI](#), [KACIE STARR TRIPLETT](#),
[JOSEPH VOLMER](#), [JENNIFER FLORIDA](#), [BILL WATERHOUSE](#), [DOROTHY](#)
[KIRNER](#), [LYDA KREWSON](#), [LEWIS REED](#)

An ordinance establishing a City Health Insurance Committee to recommend programs concerning health/medical insurance coverage offered by the City of St. Louis to its employees in the classified service and others; repealing Ordinance 67665; and authorizing the Director of Personnel to engage the services of a contractual health insurance consultant recommended by the City Health Insurance Committee.\

BE IT ORDAINED BY THE CITY OF ST. LOUIS AS FOLLOWS:

SECTION ONE: Ordinance 67665 is hereby repealed and enacted in lieu thereof is the following:

SECTION TWO: Definitions

As used herein, the words and terms listed shall have the meanings indicated below.

1. City employee: Any full-time employee in the classified service, officers and employees of the Board of Aldermen, and employees of the County officeholders and other employees under the direct control of the City who are deemed eligible for the City's health/medical insurance coverage.

2. Retiree: Any former employee of the City of St. Louis whether he or she performed City or County functions who has retired and is entitled to benefits from the Employees Retirement System of the City of St. Louis or the Firemen's Retirement System of the City of St. Louis

3. Dependents: Dependents of City employees and retirees deemed eligible for health/medical coverage.

4. Health/Medical Insurance Coverage: Health/medical insurance coverage offered by the City to City employees, retirees, and their respective dependents, specifically excluding workers' compensation insurance.

5. St. Louis Labor Committee for Better Health Care: A committee whose membership is comprised of Exclusive Bargaining Representatives for City employees.

6. Exclusive Bargaining Representative, as defined in the Revised Statutes of the State of Missouri, section 105.500, paragraph 2: An organization which has been designated or selected by a majority of employees in an appropriate unit as the representative of such employees in such unit for purposes of collective bargaining.

7. Section 105.520. of the Revised Statutes of the State of Missouri, Public bodies shall confer with labor organizations: Whenever such proposals are presented by the exclusive bargaining representative to a public body, the public body or its designated representative or representatives shall meet, confer and discuss such proposals relative to salaries and other conditions of employment of the employees of the public body with the labor organization which is the exclusive bargaining representative of its employees in a unit appropriate. Upon the completion of discussions, the results shall be reduced to writing and be presented to the appropriate administrative, legislative or other governing body in the form of an ordinance, resolution, bill or other form required for adoption, modification or rejection.

SECTION THREE: Notwithstanding Ordinance 64102, there is hereby established a City Health Insurance Committee consisting of (1) the Director of Personnel or his designee, who shall act as chairman; (2) one member of the staff of the Director of Personnel; (3) one member selected by the Mayor; (4) one member selected by the Comptroller; (5) one member selected by the President of the Board of Aldermen; (6) two members elected from the authorized bargaining representatives of the St Louis Labor Committee for Better Health Care. Each member of the committee shall be a voting member.

SECTION FOUR: The City Health Insurance Committee shall recommend programs to provide for health/medical insurance coverage. The Director of Personnel shall be

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responsible
for the administration of any such health/medical insurance programs as may be
authorized by
law.

SECTION FIVE: Notwithstanding Ordinance 64102, all requests for proposals for professional services governed by this ordinance shall include as a required evaluation criterion the total amount of taxes paid by the offeror to the City of St. Louis for the preceding calendar year. Such total amount of taxes shall include but not be limited to individual earnings taxes paid by employees of the offeror and all taxes paid by affiliates or subsidiaries of the offeror, including the individual earnings taxes paid by employees of the affiliates or subsidiaries. For the purposes of comparing and evaluating each offeror's total bid price, the City Health Insurance Committee shall offset an offeror's total bid price for each calendar year of the proposed contract period by thirty-three percent (33%) of the total taxes paid by the offeror to the City of St. Louis for the calendar year preceding the submission of the proposal.

The offset bid price shall not be construed as increasing or decreasing the actual price of a bid and the resulting contract, and shall be intended only to be used for the purposes of comparing and evaluating bids.

SECTION SIX: Notwithstanding Ordinance 64102, and any rules and procedures promulgated therein, the total bid price as adjusted pursuant to Section Five hereof shall be a required significant evaluation criterion for purposes of comparing and evaluating each offeror's proposal, together with the quality of services and service providers offered.

SECTION SEVEN: Nothing contained in this ordinance shall be construed to require the City of St. Louis to offer health/medical insurance coverage to Retirees or their dependents or to fund any portion of any such coverage in the event that it may be offered.

SECTION EIGHT: The Director of Personnel is authorized to engage and supervise the services of a contractual health insurance professional, approved by the City Health Insurance Committee, to advise and assist the Committee in selecting the appropriate health care provider.

SECTION NINE: Before voting as a member of the committee each member shall submit to the committee chairman a statement of personal or private interest which shall disclose any ownership by the individual or the individual's spouse, children, children's spouse, parents, siblings or sibling's spouse whether singularly or collectively, directly or

indirectly of any business entity under consideration by the committee; or the receipt of a salary, gratuity or other compensation or remuneration during the one- year prior to the date of the committee selection meeting by the individual or the individual's spouse, children, children's spouse, parents, siblings or sibling's spouse whether singularly or collectively, directly or indirectly from any business entity under consideration by the committee. All disclosure statements shall be made a part of the record of the committee's selection process which shall be maintained by the Director of Personnel.

SECTION TEN: The City Health Insurance Committee is authorized to participate in the formulation of any necessary request for proposals, and to adopt such rules and regulations deemed necessary to further the provisions of this ordinance.

SECTION ELEVEN: Upon passage of this ordinance all city health insurance committee meetings concerning all aspects of health care will be open meetings, subject to HIPAA and any other applicable laws.

SECTION TWELVE. Notwithstanding the provisions of this Ordinance, any Exclusive bargaining representative for city employees who chooses not to be a member of the St. Louis Labor Committee for Better Health Care, shall retain its right to meet and confer as defined in Mo. Rev. Stat. 105.520, with the designated representatives of the City of St. Louis on issues of health/medical insurance coverage and remittance rates for its members.

SECTION THIRTEEN: Any contract for professional services entered into in violation of this ordinance shall be null and void.

SECTION FOURTEEN. This being an ordinance for the preservation of public peace, health, and safety, it is hereby declared to be an emergency measure within the meaning of Sections 19 and 20 of Article IV of the Charter of the City of St. Louis and therefore shall become effective immediately upon its passage and approval by the Mayor.

Ordinance 68284 as Amended by Ordinance No. 68564

<http://www.slpl.lib.mo.us/cco/ords/data/ord8564.htm>

St. Louis City Ordinance 68564

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FLOOR SUBSTITUTE
BOARD BILL NO. [09] 74

INTRODUCED BY ALDERMAN [STEPHEN GREGALI](#), [BILL WATERHOUSE](#),
[JENNIFER FLORIDA](#), [JOE VACCARO](#)">

An ordinance pertaining to a City Health Insurance Committee; amending Section Three of Ordinance 68284, approved March 9, 2009, pertaining to the composition of the City Health Insurance Committee.

BE IT ORDAINED BY THE CITY OF ST. LOUIS AS FOLLOWS:

SECTION ONE. Section Three of Ordinance 68284, approved March 9, 2009, is hereby to read as follows:

SECTION THREE: Notwithstanding Ordinance 64102, there is hereby established a City Health Insurance Committee consisting of (1) the Director of Personnel or his designee; (2) one member of the staff of the Director of Personnel; (3) one member selected by the Mayor, who shall act as chairman; (4) one member selected by the Comptroller; (5) one member selected by the President of the Board of Aldermen; (6) two members elected from the authorized bargaining representatives of the St Louis Labor Committee for Better Health Care; (7) the Chairman of the Public Employees Committee of the Board of Aldermen or his/her designee; (8) the Chairman of Health and Human Services Committee of the Board of Aldermen or his/her designee. Each member of the committee shall be a voting member.



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